

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/857752

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		2		1
4		0		0		1
5		0		0		1
6		0		0		1
7		0		0		1
8	1		1		1	
9		1		1		1
10		2		2		1
11		0		0		1
12		0		0		1
13		0		0		1
14		0		0		1
15		0		0		1
16		0		0		1
17		0		0		1
18		0		0		1
19		0		0		1
20		0		0		1
21		0		0		1
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26		0		0		1
27		0		0		1
28		0		0		1
29		0		0		1
30		0		0		1
31		0		0		1
32		0		0		1
33		0		0		1
34		0		0		1
35		0		0		1
36		0		0		1
37		0		0		1
38		0		0		1
39		0		0		1
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48						
49						
50						
TOTAL IND.	2		2		2	
TOTAL DEP.	39		39		37	
TOTAL CLAIMS	41		41		39	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS